

# Idaho Ryan White Title II Services

☐ Case Management Application

☐ ADAP Application

☐ Both

Intake Date

Update Date

Client ID

## CLIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

SSN# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
☐ Male  
☐ Female

Age \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Message  
@ Home

☐ Y  
☐ N

Message  
@ Contact:

☐ Y  
☐ N

ER Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Case Manager \_\_\_\_\_

Physician \_\_\_\_\_

## DEMOGRAPHICS

### Race

- ☐ White
- ☐ Black
- ☐ Asian/Pacific Islander
- ☐ Native American/American Indian
- ☐ Other/Unreported

### Ethnicity

- ☐ Non-Hispanic
- ☐ Hispanic

### Risk Exposure

- ☐ MSM
- ☐ IDU
- ☐ IDU/MSM
- ☐ Heterosexual
- ☐ Health Care Exposure
- ☐ Child of Woman w/HIV/AIDS
- ☐ Hemophilia/Blood Recipient

### Living Arrangements

- ☐ Homeless
- ☐ Owns ☐ Rents
- ☐ Other \_\_\_\_\_

Original CD4 \_\_\_\_\_/Date \_\_\_\_\_

Current CD4 \_\_\_\_\_/Date \_\_\_\_\_

### Insurance Status

- ☐ Private Insurance
- ☐ Medicaid **Applied ☐ Y ☐ N**
- ☐ Medicare Part A/AB
- ☐ VA
- ☐ Uninsured
- ☐ Other \_\_\_\_\_

### HIV/AIDS Serostatus

- ☐ AIDS/AIDS Defining Illness
- ☐ AIDS (CD4<200)
- ☐ AIDS (Both Categories)
- ☐ HIV (CD4>500)
- ☐ HIV (CD4 499-200)
- ☐ Unknown

Year diagnosed \_\_\_\_\_

State where diagnosed \_\_\_\_\_

Year first accessed care \_\_\_\_\_

If taking medications, year started \_\_\_\_\_

### Income Source/Financial Status

- Family Size \_\_\_\_\_
- Gross Monthly Income \_\_\_\_\_
- ☐ Employment
- ☐ Compensation
- ☐ SSDI
- ☐ TAFI
- ☐ None
- ☐ Other \_\_\_\_\_

### Eligibility

- RW Title 2 CM Eligible ☐ Y ☐ N
- ADAP Eligible ☐ Y ☐ N
- Direct Care ☐ Y ☐ N
- HOPWA ☐ Y ☐ N
- Notified of Idaho Code ☐ Y ☐ N
- Notified of Available Services ☐ Y ☐ N

## REFERRALS NEEDED

Service Need		Comments	Service Need		Comments
Shelter	<input type="radio"/> Y <input type="radio"/> N		Dental	<input type="radio"/> Y <input type="radio"/> N	
Food	<input type="radio"/> Y <input type="radio"/> N		Pharmaceutical	<input type="radio"/> Y <input type="radio"/> N	
Clothing	<input type="radio"/> Y <input type="radio"/> N		Vocation/Employ	<input type="radio"/> Y <input type="radio"/> N	
Mental Health	<input type="radio"/> Y <input type="radio"/> N		Entitlements	<input type="radio"/> Y <input type="radio"/> N	
Substance Abuse	<input type="radio"/> Y <input type="radio"/> N		Family Issues	<input type="radio"/> Y <input type="radio"/> N	
Transportation	<input type="radio"/> Y <input type="radio"/> N		Legal	<input type="radio"/> Y <input type="radio"/> N	
Medical	<input type="radio"/> Y <input type="radio"/> N		Other	<input type="radio"/> Y <input type="radio"/> N	

If you are eligible for the Ryan White/ADAP programs, your demographic information will be shared with the STD/AIDS Program with the Idaho Department of Health & Welfare. Shared information will be limited to that which is required for funding.

Client Signature and Date \_\_\_\_\_

Witness Signature and Date \_\_\_\_\_